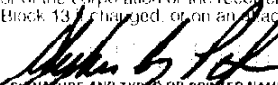


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000002931 (9)			
1. Corporation Name PORTER PROPERTIES OF OKEECHOBEE, INC.			
Principal Place of Business 2569 N.E. 54 TRAIL OKEECHOBEE FL 34972		Mailing Address 2569 N.E. 54 TRAIL OKEECHOBEE FL 34972-8606	
2. Principal Place of Business 21 818 Highway 441 S.E. Suite, Apt. #, etc.		2a. Mailing Address 26 818 Highway 441 S.E. Suite, Apt. #, etc.	
22 City & State 23 Okeechobee, Florida		27 City & State 28 Okeechobee, Florida	
24 Zip 34974		29 Zip 34974	
25 Country Okeechobee		30 Country Okeechobee	
9. Name and Address of Current Registered Agent PORTER, STEPHEN G 818 HIGHWAY 441 S.E. OKEECHOBEE FL 34974		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE PD TOWNSEND, JERRY 2569 N.E. 54 TRAIL OKEECHOBEE FL 34972		1.2 NAME PD Stephen G. Porter 818 Highway 441 S.E. Okeechobee, Florida 34974	
1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		1.5 CITY - ST - ZIP	
2.1 TITLE VD PORTER, STEPHEN G 2569 N.E. 54 TRAIL OKEECHOBEE FL 34972		2.2 NAME STD Mary A. Porter 818 Highway 441 S.E. Okeechobee, Florida 34974	
2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		2.5 CITY - ST - ZIP	
3.1 TITLE STD TOWNSEND, WILLA D 2569 N.E. 54 TRAIL OKEECHOBEE FL 34972		3.2 NAME	
3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.5 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.			
SIGNATURE:  Stephen G. Porter, Pres. 2/25/97			



CR2E034 (9/96)